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SERIAL NUMBER 10/665,902	FILING OR 371(c) DATE 09/18/2003 RULE	CLASS 434	GROUP ART UNIT 3715	ATTORNEY DOCKET NO. 009-03-001
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APPLICANTS

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Yes KYF

** CONTINUING DATA *****

None KYF

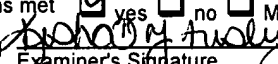
** FOREIGN APPLICATIONS *****

JAPAN 2003-277308 07/22/2003

Yes KYF

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
 12/11/2003

** SMALL ENTITY **

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY JAPAN	SHEETS DRAWING 8	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged  Examiner's Signature	INITIALS KYF			

ADDRESS
 35870

TITLE

Physical rehabilitation training and education device

FILING FEE RECEIVED 420	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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